

Annual Editorial Index

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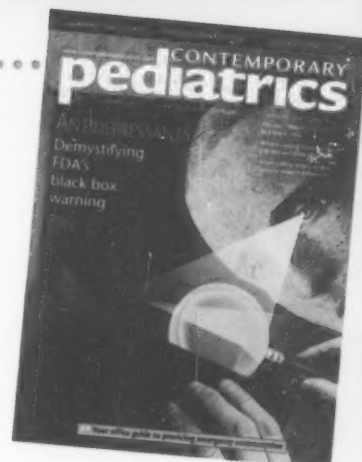
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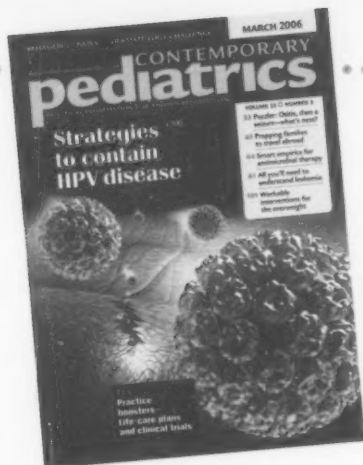
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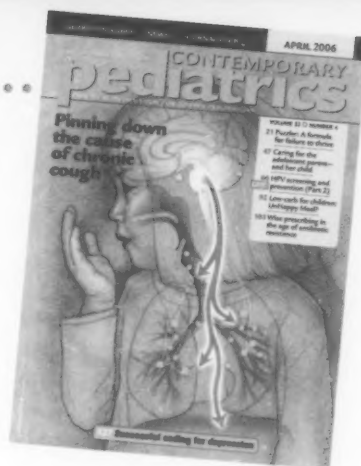
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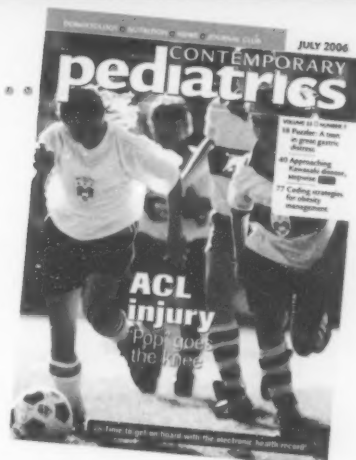
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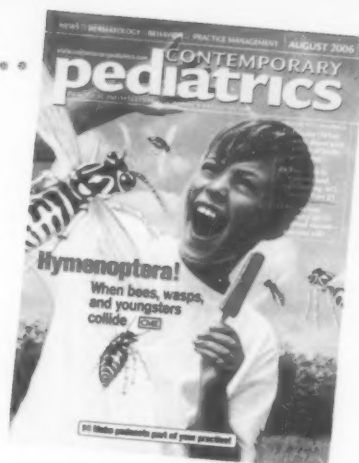
Special books: Helping children understand disabilities and appreciate differences. (Jana) 117, Oct

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Monstrous surprise at a female adolescent's routine visit. (Ovarian teratoma; Puzzler, Lee et al) 17, Jun

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PARENT-CHILD RELATIONSHIP

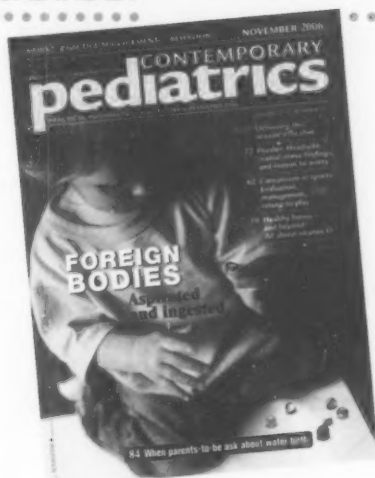
Helping "vulnerable" children—and their parents—lead normal lives. (Lipstein) 26, Jun
Sibling Rivalry: When the family circle becomes a boxing ring. (Anderson) 72, Feb
Taking on the parent to save a child: Munchausen syndrome by proxy. (Malatack et al) 50, Jun

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Checking your practice's vital signs. (Tuttle Jr., G) 98, Dec

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Clinical trials and life care plans in pediatric practice: New roles, two opportunities. (Jones, Gardinkel Weiss) 113, Mar

Coding for the care of broken bones: Should you go global, or serial? (Knopf) 102, Oct

Handheld computing in pediatric practice: Is it for you? (Stockwell) 113, Sep

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Evaluating a chronic cough: History often solves the mystery. (Sherman) 36, Apr

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What you can do to prevent cervical cancer and other HPV-related diseases. (Kahn; CME) 66, Apr

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A clinician's guide to safe and effective tick removal. (Howard) 36, May

A "red mark and bruising" on an infant's face. (Pediatric dermatology: What's your Dx?; infantile hemangioma; Barankin) 16, Jul

Ascending "doughnuts" on a boy's legs. (Pediatric dermatology: What's your Dx?; Granuloma annulare; Cohen) 30, Mar

A teenager looks over his shoulder and finds more than acne. (Pediatric dermatology: What's your Dx?; Becker's Nevus; Mirani, Milgram) 22, Dec

Bashful rash on a baby's cheek. (Frey syndrome; Puzzler, Noronha, Clavier) 24, Oct

Hot, red, and flaky—and not to be touched. (Pediatric dermatology: What's your Dx?; staphylococcal scalded skin syndrome; Sliger) 17, Aug

Large, asymptomatic papules on the shoulder. (Pediatric dermatology: What's your Dx?; Keloids resulting from acne scarring; Barankin) 2, Oct (Suppl)

Linear rash leaves your patient itching. (Pediatric dermatology: What's your Dx?; Poison Ivy dermatitis; Amer) 20, Oct

Papules and plaques, on face and scalp, in an otherwise normal newborn. (Pediatric dermatology: What's your Dx?; Neonatal lupus erythematosus; Cohen) 16, Feb

Psoriasis: Varied presentations, individualized treatment. (Wong, Rogers; CME) 33, Jan

Skin tightens, then darkens and thickens, in a 7-year-old. (Pediatric dermatology: What's your Dx?; Morphea; Ecker) 24, Jan

Three sides to every story: Hair loss in a young child. (Pediatric dermatology: What's your Dx?; temporal triangular alopecia; Vora) 14, Jun

Weeks of weakness, then reddish bumps on bony prominences. (Pediatric dermatology: What's your Dx?; juvenile dermatomyositis; Lodish) 24, Sep

What do we know about cutaneous melanoma of childhood? (Ferrari et al; CME) 42, Sep

Who knows the cause of the plaque on a boy's nose? (Pediatric dermatology: What's your Dx?; Alopecia mucinosa; Bingham) 20, May

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 Managing concussion in a young athlete. (Patel; CME) 62, Nov
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Demystifying the black box warning on antidepressants: A protocol for safe prescribing in your office. (Ferren; CME) 28, Feb

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Clinical trials and life care plans in pediatric practice: New roles, two opportunities. (Jones, Garfinkel Weiss) 113, Mar
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 It's time to start podcasting (start *what?*) for your practice. (Dysart) 90, Aug
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Precocious puberty: Making the distinction between common normal variants and more serious problems. (Kaplowitz) 55, Aug
 September in the NICU: A Down syndrome newborn is feeding poorly. (Hypothyroidism: Short stature; Puzzier, Hills et al) 21, Aug

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A new day in preventing meningococcal disease: Sizing up the available vaccines. (Dempsey, Freed; CME) 31, Oct
 Your ever-present challenge: Keeping the immunization level high. (Asch-Goodkin) 72, Aug

VIRUSES

Evaluating the chronic cough: History often solves the mystery. (Sherman M) 36, Apr
 Progress in preventing cervical cancer and other HPV-related diseases. (Kahn, Hillard; CME) 56, Mar
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Nutritional Interventions Part 3: What's the evidence on treating disease with vitamin C and megavitamins? (Braganza, Ozuah) 81, Jun
 Nutritional Interventions Part 4: Weighing the appropriate uses of supplemental zinc. (Braganza et al) 66, Jul
 Vitamin D: Benefits for bone, and beyond. (Taylor et al) 70, Nov

WHEEZING DISORDERS

Overheard across the room: Wheezing from a healthy 4-month-old. (ALCAPA; Puzzier, Toib, Robinson) 26, Sep

Attention Healthcare Professionals

If You Know Parents or Guardians Who Purchased Paxil® or Paxil CR™ for Their Minor Child or Ward A Proposed Class Action Settlement May Affect Their Rights

There is a Proposed Settlement in a class action lawsuit, *Hoormann v. SmithKline Beecham*, Case No. 04-L-715, in the Third Judicial Circuit for the State of Illinois.

The Proposed Settlement affects a "Class" or group of people that may include you. This Notice is just a summary. For more complete information, you should read the full Notice. You can get a copy of the full Notice by calling the toll-free number or visiting the Web site listed below.

What is the Class Action Lawsuit About?

This lawsuit claims that GlaxoSmithKline ("GSK") promoted Paxil® and Paxil CR™ for prescription to children and adolescents under eighteen. It also claims that GSK withheld and concealed information about the medication's safety and effectiveness. GSK denies all the claims.

Who is Involved?

The Class includes all persons in the United States who purchased Paxil® or Paxil CR™ prescribed for consumption by a minor child.

What Are the Terms of the Settlement?

A \$63.8 million fund will be established. The fund will be used to pay consumers, who submit valid Claim Forms, cash for the total amount they paid for Paxil® or Paxil CR™. Class Members can get up to 100% of the amount paid for Paxil® or Paxil CR™.

Attorneys' fees, expenses, payments to Class Representatives and the costs of providing notice and administering the Proposed Settlement will be deducted from the fund.

Who Represents Me?

The Court has appointed law firms, Korein Tillery and Swedlow & Associates, to

represent the Class. Class Counsel will request that the Court award attorneys' fees and expenses in an amount not to exceed 26% of the Proposed Settlement fund. You may hire your own attorney, if you wish. However, you will be responsible for your attorney's fees and expenses.

What Are My Legal Rights?

- If you wish to remain in the Settlement Class, you do not have to do anything. You will be bound by all the Court's Orders and will release all claims against GSK related to the claims in this lawsuit.
- If you wish to file a claim, you must complete a Claim Form. You can get a Claim Form by visiting the Web site www.PaxilPediatricSettlement.com or by calling 1-866-494-8404. Claim Forms must be signed and received by **August 31, 2007**.
- If you wish to exclude yourself from the Proposed Settlement, you must sign a written request to be excluded as outlined in the *Notice of Proposed Class Action Settlement*. Your request must be received by **February 23, 2007**.
- If you or your attorney wish to object to or comment on the Proposed Settlement, you must send a written objection as outlined in the *Notice of Proposed Class Action Settlement*. Your request must be received by **February 23, 2007**.

When will the Court Consider the Proposed Settlement?

The Court will hold a Final Approval Hearing on **March 9, 2007** at 10:00 a.m. to consider whether the Proposed Settlement is fair, reasonable, and adequate and the motion for attorneys' fees and expenses. If comments or objections have been received, the Court will consider them at this time.

For more information (también en español) and a copy of the *Notice of Proposed Class Action Settlement*,

Call: 1-866-494-8404

Visit: www.PaxilPediatricSettlement.com

**Or Write: Settlement Administrator
 P.O. Box 555, Minneapolis, MN 55440-0555**